

## MHLAP Employment or Volunteer Verification

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Parts A. through I. are to be completed by the applicant. This page must be signed and dated by the applicant's Direct Supervisor or an Authorized Administrative Officer who can verify the applicant's information and hours.**

A. **Employment or Volunteer Facility/Agency:** \_\_\_\_\_

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Employment County: \_\_\_\_\_

County

County Contractor

County Sub-Contractor

B. **Which best describes applicant's ethnic background?** \_\_\_\_\_

C. **Applicant speaks the following language(s) needed in this work setting:** \_\_\_\_\_

D. **Applicant's profession:** \_\_\_\_\_

E. **License or Registration # (if applicable):** \_\_\_\_\_

F. **Applicant's start date (mm/dd/yyyy):** \_\_\_\_\_

G. **Applicant's job title:** \_\_\_\_\_

H. **Applicant's primary responsibilities or job functions:** \_\_\_\_\_

I. **How many hours per week (average) do you, the applicant, spend providing the following services:**

Direct care (e.g., phone calls, group therapy or direct interaction with clients): \_\_\_\_\_ hours

Non-Direct Care Services (e.g., travel to/from client or families, reports, and/or other client support services): \_\_\_\_\_ hours

First line supervision of interns, assistants or trainees by applicant: \_\_\_\_\_ hours

Managerial or administrative support tasks: \_\_\_\_\_ hours

**Total weekly work or volunteer hours:** \_\_\_\_\_ hours

**Name of Supervisor or Authorized Administrative Officer:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am the supervisor or authorized administrative officer at this organization and that the organization will pay the applicant (if in a paid capacity) prevailing wages and that I agree not to use the Program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.). **I verify that the information provided on this page of the MHLAP application is true and accurate to the best of my knowledge.**

**Direct Supervisor or Authorized Administrative Officer SIGNATURE and DATE REQUIRED!**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employment Verification form must be uploaded and application must be submitted by the deadline